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Last Name	First Name	Middle/Maiden	GCID
			()
MGCCC Email Address			Phone Number (Include Area Code)

1. **DISCUSS EXTENUATING CIRCUMSTANCES:** Please discuss the specific extenuating circumstances that prohibited successful completion of credits attempted during the semester(s) you failed SAP as outlined by MGCCC's SAP policy. Documentation MUST be dated to show a relationship to the event described and semester(s). Examples of extenuating circumstances include, but are not limited to, serious injury and/or illness, accident, death of an immediate family member, divorce, incarceration, loss of transportation, and military service. Examples of circumstances that are not considered extenuating include, but are not limited to, not trying or applying yourself or only needing a few more hours to graduate. **MGCCC FINANCIAL AID WILL NOT REVIEW APPEALS THAT FAIL TO DISCUSS EXTENUATING CIRCUMSTANCES.** (Attach additional pages if necessary)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- [illegible]

- If you would like your developmental studies courses excluded, please check here.** ☐
- At the end of each semester, the student must meet SAP requirements and/or successfully follow graduation plan in Degree Works. Students following a graduation plan must have a cumulative 2.0 GPA at the end of each probationary semester. Students who do not to meet these conditions will be placed on Financial Aid Suspension and will not be able to receive federal financial aid.*
- I (the student) certify that all of the information on this form and included as documentation is true and complete to the best of my knowledge. I understand that if I purposely give false or misleading information as part of this request that I may lose my financial aid and be subject to a \$20,000 fine, a prison sentence, or both.**

I (the student) certify that all of the information on this form and included as documentation is true and complete to the best of my knowledge. I understand that if I purposely give false or misleading information as part of this request that I may lose my financial aid and be subject to a \$20,000 fine, a prison sentence, or both.

Date

Attempted Hours:	Completed Hours:	Completion %:	GPA:
Approved	Denied		
Comments:			

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